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APPLICANTS

Robert W. Pike JR., Coto de Caza, CA;
 John L. Sapp JR., Halifax, CANADA;
 William G. Stevenson, Needham, MA;
 Robert A. Mest, Long Beach, CA;

** CONTINUING DATA ***** *None, RR*

** FOREIGN APPLICATIONS ***** *None, RR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>R. Rollins</i> Examiner's Signature Initials				

ADDRESS

23363

TITLE

Method for ablating with needle electrode

FILING FEE RECEIVED 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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